
DEPARTMENT OF HEALTH & HUMAN SERVICES
Social Security Administration

Refer to:

Social Security Office Address:

Telephone Number:

Dear _____:

We need information about the food and shelter you provided to _____.

He/she authorized us to contact you about any food and shelter you may have provided to him/her.

This information will help us decide if this person can receive Supplemental Security Income and the amount of the payments. Your response is voluntary. However, if you do not respond, we may not be able to determine if this person can receive payments. Please see page two for more information on our collection and use of this information.

Please fill out the attached questionnaire. Return it to us in the enclosed postage-paid envelope. If you have any questions, please call us at the telephone number above.

Thank you for your cooperation.

Sincerely yours,

Enclosure:
Envelope

We are authorized to collect the information on the enclosed questionnaire under section 1631 (e) (1) (B) of the Social Security Act, as amended (42 U.S.C. 1383 (e)). We will not give out any of the information you give us unless we are required to by law, or unless a Federal or State agency needs the information to decide whether the above individual is entitled to some type of benefit. The Federal register describes other situations when we might use this information. If you would like information about this, call us at the number listed at the top of this letter.

We estimate that it will take about 10 minutes to complete the questionnaire. If you have comments on how long it takes to complete this form, write to the Social Security Administration, ATTN: Reports Clearance Officer, 1-A-21 Operations Building, Baltimore, MD 21234 or to the Office of Management and Budget, Paperwork Reduction Project (0960-0529), Washington, D.C. 20503.

**STATEMENT ABOUT FOOD OR SHELTER
PROVIDED TO ANOTHER**

The information below refers to: (Claimant's Name)	Claimant's SSN
1. Did you provide food and/or shelter to the above individual?	2. What period of time did you provide food and/or shelter to this individual? from ____ to ____

3. Have you and the above individual agreed that he/she will repay him/her for this food and/or shelter?

YES ____ If yes, go to question 4.

NO ____ If no, stop, and sign and date below.

4. Under the agreement to repay:

How much will you repay? _____

When will you repay? _____

5. Remarks

I know that giving false information on this statement is a crime punishable under Federal and/or State law. All of the information given is true.

Signature	Date
Mailing Address	Telephone Number (Include area code)